

☒ PERMANENT
CERTIFICATE
☐ TEMPORARY
CERTIFICATE

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO. 12.0
REGISTERED
NUMBER 5

STATE OF ILLINOIS

STATE FILE
NUMBER

CORONER'S CERTIFICATE OF DEATH

Type, or Print in
PERMANENT INK
See A Manual for
Coroners and
Funeral Directors
Handbook for
INSTRUCTIONS

A. **DECEASED**

B.

C.

D.

E. **PARENTS**

1. DECEASED - NAME FIRST MIDDLE LAST <i>Everett Clarence Blockinger</i>		SEX <i>Male</i>	DATE OF DEATH (MONTH, DAY, YEAR) <i>Jan. 9, 1981</i>			
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) <i>White</i>		ORIGIN OR DESCENT <i>American</i>	AGE - LAST BIRTHDAY (YRS) <i>84</i>	UNDER 1 YEAR MOS. DAY HOURS MIN <i>March 24, 1876</i>	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH <i>Clark</i>
4a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <i>Darwin Twp.</i>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <i>R.R. #2, West Union</i>			7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM. INPATIENT (SPECIFY) <i>-</i>	
7b. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <i>Illinois</i>		CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <i>-</i>
8. SOCIAL SECURITY NUMBER <i>320-32-1653</i>		USUAL OCCUPATION <i>Farmer</i>		KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		U.S. WAR VETERAN (YES, NO) <i>No</i>
12. RESIDENCE STREET AND NUMBER <i>R.R. #2, West Union</i>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <i>Darwin Twp.</i>		INSIDE CITY (YES, NO) <i>No</i>		COUNTY <i>Clark</i>
14a. FATHER - NAME FIRST MIDDLE LAST <i>John L. Blockinger</i>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST <i>Elizabeth - Hammerly</i>		STATE <i>Illinois</i>		

15. INFORMANT'S SIGNATURE <i>Armagene Nelson</i>		RELATIONSHIP <i>Daughter</i>	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) <i>R.R. #2, West Union, Ill. 62477</i>
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			

PART I. IMMEDIATE CAUSE	
(a) DUE TO, OR AS A CONSEQUENCE OF <i>Cardiac Arrest</i>	
(b) DUE TO, OR AS A CONSEQUENCE OF <i>Myocardial Infarction</i>	
(c) DUE TO, OR AS A CONSEQUENCE OF	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO) <i>No</i>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <i>-</i>
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) <i>Natural</i>	DATE OF INJURY (MONTH, DAY, YEAR) <i>-</i>	HOUR <i>-</i>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) <i>-</i>
INJURY AT WORK (YES, NO) <i>-</i>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) <i>-</i>	LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE) <i>-</i>	

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR <i>Jan. 9 1981</i>	AT TIME <i>11:30 A.M.</i>
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CERTIFIER

CORONER'S SIGNATURE <i>Donald H. Hosch</i>		DATE SIGNED (MONTH, DAY, YEAR) <i>Jan. 10, 1981</i>
CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <i>-</i>		23b. <i>-</i>

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	CEMETERY OR CREMATORY - NAME <i>Marshall Cemetery</i>	LOCATION CITY OR TOWN STATE <i>Marshall, Illinois</i>	DATE (MONTH, DAY, YEAR) <i>Jan. 12, 1981</i>
FUNERAL HOME NAME <i>Prust-Hosch Funeral Chapel</i>	STREET AND NUMBER OR R. F. D. <i>West Union, Illinois</i>	CITY OR TOWN STATE ZIP <i>62477</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Donald H. Hosch</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <i>5771</i>	
LOCAL REGISTRAR'S SIGNATURE <i>Merle Fisher, Leary, Illinois</i>		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <i>Jan. 13, 1981</i>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE *Jan 14, 1981* SIGNED *Merle Fisher* OFFICIAL TITLE *City Clerk*

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statute provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Everett Blockings
Death Act.